To Whom It May Concern:

I hereby authorize any representative of the Causeway Police Department bearing this release, or a copy thereof, to obtain any information in your files, or copies or any documents, notes or records, pertaining to my employment, application for employment, military; educational; academic; prior law enforcement application; promotional; achievement; attendance; athletic; criminal (arrest, conviction, juvenile); or other personal history information, as well as any medical and mental health information; psychiatric or psychological testing; mental health counseling; substance abuse testing, diagnosis, or counseling; physician or nurse/ technician reports and notes; job performance information; or other information that you may possess about any aspect of my background.

I hereby release you, as custodian of such records, and any local, state or federal government agency or department, school, college, university, repository of medical records, physician, nurse, psychologist or psychiatrist, counselor or mental health professional, credit bureau or consumer reporting agency, individual, business entity, including its officers, employees, or related personnel, both individual and collectively, from any and all liability from any damages, which may result to me at any time, as well as to my heirs, family, or associates, due to compliance with this authorization and request to release information, or any attempt to comply with it. It is further understood that the Causeway Police Department has my permission and authority to execute this release at any time after the date signed by me, and at any time after I am employed or associated with the Causeway Police Department to secure additional information, as needed, while I am employed or associated with the Causeway Police Department.

Signature: _____

Print Name: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____ Time: _____

Investigator: _____ **Date:** _____

CAUSEWAY POLICE DEPARTMENT

PERSONAL HISTORY QUESTIONNAIRE

Police Officer Applicant

CONFIDENTIAL PROPERTY OF THE CAUSEWAY POLICE DEPARTMENT

Following are answers to some commonly asked questions concerning the background investigation and applicant selection process for positions with the Causeway Police Department.

1. This is a competitive process, and there may be more applicants than available positions. If you are rejected for any reason during the selection process, your application will be removed from eligibility. If your application is not rejected, but there are no positions immediately available, your application will remain on file.

2. The length of the hiring process varies with availability of positions and the completeness of your application. There are several steps in the applicant investigation process in which you will be required to participate:

   - Completion of the Personal History Questionnaire.
   - A cursory background investigation, including computerized criminal history checks.
   - An interview with an investigator.
   - In-depth background investigation, including but not limited to interviews with employers and personal references.
   - Review of file by Chief of Police.
   - Administrative Review Board oral interview.
   - Candidates who successfully complete the aforementioned processes will be required to undergo and pass a physical examination and drug screen.
   - A polygraph examination regarding your background and application.
   - Final review by Chief of Police.

   Should the findings of the background investigation contradict the information provided in your Personal History Questionnaire, you may be scheduled for other discrepancy interviews to clarify certain aspects of your background and/or investigative findings.

   You must successfully complete each step in the process. Failure to do so will result in your application being rejected. Providing false information during any stage of the investigation shall result in an immediate rejection of your application. Failure to disclose requested information about yourself will weigh heavily against your being hired.

3. The Causeway Police Department <u>will not</u> release any information to an applicant concerning the status of an application or investigation during the selection process. You will be notified either by telephone or by letter of the next step in the selection process. <u>No</u> information will be supplied to an applicant who calls the Causeway Police Department requesting results of an interview/examination or information about the next procedure in the process.

4. The results of any aspect of the background investigation, including findings of any psychological, physical, or other type examination or testing procedure, as well as the results of interviews of the applicant or others, <u>will not</u> be released by the Causeway Police Department to any applicant.

5. You may be contacted at any time during the selection process and scheduled for an interview or testing. You will be notified in advance of the scheduled date by letter or by telephone. If you are unable to attend the scheduled procedure, you should notify an Applicant Investigator as soon as possible before the scheduled date**.** You must give the reason why you are not able to make the scheduled appointment and request an alternate date. You may, in emergency situations, make such notification by telephone. You will, however, be required to submit a written request for an alternate date.

6. If at any time you wish to withdraw your name from consideration for employment, or in the event you decline an appointment, you will be requested to submit a letter to an investigator stating such.

7. You should notify the investigator of any change in address and/or telephone number**.** This should be addressed to your investigator, <u>in writing</u>, as soon as possible to avoid any delay in the processing of your application.

8. The Department has no policy prohibiting an applicant from reapplying for a position for which they were previously rejected.

QUESTIONNAIRE INSTRUCTIONS

Questionnaire instructions – please read and follow directions prior to completing the questionnaire.

- The questionnaire should be PRINTED legibly in BLUE INK only.
- Your own hand must complete the questionnaire.
- It is your responsibility to accurately complete all blocks. Failure to provide complete and accurate information could cause a delay in the processing of your questionnaire.
- Incomplete questionnaires will not be accepted. Questionnaires which do not contain complete addresses, including city, state, and zip code, will be considered incomplete and will not be processed.
- If you do not know the response to a question, print "Unknown."
- If the entire section does not pertain to your current situation or past history, place an "X" mark in the box at the beginning of the section to indicate that the section does not apply to you.
- If there is insufficient space available on the front of the page, you must provide all additional relevant information and/or explanations on the rear of the corresponding page.
- Applicants must provide copies of the following documents:

    1. Certified copy of certificate of birth.
    2. High school diploma or G.E.D.
    3. Any educational transcripts or certificates.
    4. Form DD214 for each period of military service and discharge certificate.
    5. Naturalization certificate for naturalized citizens.
    6. Valid Louisiana drivers license bearing same address as current home address.
    7. Social Security card.
    8. Copy of P.O.S.T. certificate.

- This questionnaire must be returned to the Causeway Police Department at the North Toll Plaza in Mandeville between the hours of 9:00 AM and 5:00 PM, Monday through Friday, or to the Human Resources office at the VOA building at 3939 North Causeway Boulevard in Metairie. Questionnaires will not be accepted before or after these hours.

I have read and comprehend the aforementioned instructions. I understand that providing knowingly false, misleading, or inaccurate information will result in rejection from consideration of employment.

_____	_____
Signature	**Date**

The Causeway Police Department is an equal opportunity employer.

CONFIDENTIAL PROPERTY OF THE CAUSEWAY POLICE DEPARTMENT

Acknowledgement of Performance Expectations

The Causeway Police Department is committed to providing the best possible working conditions for its officers. We purchase quality equipment to both ensure your safety and maximize your performance. It is our goal to provide quality training and adopt the best current law enforcement practices. Where we can be innovative, we will.

The Causeway Police Department can only achieve its goals through the efforts of its most valuable resource, its police officers. As such, there are certain conditions and performance expectations which each applicant must understand before an offer of employment can be made.

Below you will find some of the conditions and expectations which will affect your career with the Causeway Police Department. Please read each item and initial to the left as acknowledgement that you read the item and understand the terms described therein. If you proceed to the interview stage of the process you will be required to acknowledge that you understand these conditions.

_____ If hired, you will be deemed "probationary" for a six month period, with a possible extension to 12 months.

_____ A field training period is required, during which you will be evaluated. The length of the training period may be adjusted as your abilities and performance are determined, but will be at least 30 days in duration.

_____ Privileges granted to all officers, such as a take-home vehicle, details, overtime, etc., will not be granted for the first 30 days, and may be denied until the field training program is successfully completed.

_____ Take-home vehicles are a privilege, are subject to distance limitations, and are subject to a monthly fee. This privilege can be suspended as a corrective or disciplinary measure.

_____ Officers are issued beepers to enhance emergency communications. Failure to carry the beeper and/or respond to a signal from the GNOEC/CPD may result in disciplinary action, including loss of the take-home vehicle.

_____ Shift and team assignments are determined by necessity and the best interest of organizational goals. You may be assigned to either the Causeway division or the Huey Long division.

_____ Normal working hours are established in consideration of traffic patterns, organizational needs, and other factors. You may be assigned to either a 12-hour shift or an eight-hour shift.

_____ Overtime for shift coverage is often available. You are not required to work this overtime under most circumstances, but are encouraged to volunteer occasionally so as to lessen the burden on your fellow officers.

_____ Fog season presents major challenges and the established traffic protocols for fog situations are manpower intensive. All officers are subject to be called out for overtime as a matter of priority.

_____ Details are open to all officers, except those under corrective/disciplinary restrictions. While an effort is made to assign details in an evenhanded manner, circumstances may require they be filled by the first available officer.

_____ During tropical storms you are subject to mandatory duty for the duration of the emergency operations.

_____ A generous uniform allowance is provided to all officers. Unkempt, damaged or incomplete uniforms are unacceptable.

_____ Professionalism in performance and demeanor is expected of CPD officers.

_____ In order to maximize highway safety conditions for its commuters, CPD officers are expected to actively engage in proactive enforcement of Louisiana traffic laws, which includes issuing traffic citations, investigating traffic accidents, and interdiction of intoxicated or otherwise unfit drivers.

CONFIDENTIAL PROPERTY OF THE CAUSEWAY POLICE DEPARTMENT

Causeway Police Department
P.O. Box 7656
Metairie, LA 70001
835-3116

Leave this area blank:

FINGERPRINTED BY:
PHOTOGRAPHED BY:

POSITION APPLYING FOR:	DATE OF APPLICATION:

I. PERSONAL HISTORY

	LAST:	FIRST:	MIDDLE:	MAIDEN/OTHER:
NAME:				

DATE OF BIRTH:	AGE:	PLACE OF BIRTH:	SOCIAL SECURITY:

HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:

DRIVERS LICENSE NUMBER:	STATE OF ISSUE:	TYPE/CLASS:	EXPIRATION DATE:

PRESENT STREET ADDRESS:	APT. #:	CITY:	STATE:	ZIP:

MAILING ADDRESS:	APT. #:	CITY:	STATE:	ZIP:

HOME PHONE NUMBER:	BUSINESS PHONE NUMBER:	CELLULAR PHONE NUMBER:

ARE YOU A U.S. CITIZEN? CIRCLE ONE:	YES	NO	BY: BIRTH		NATURALIZATION:
IF NATURALIZED, WHEN AND WHERE:					

DISTINGUISHING MARKS, PHYSICAL DEFECTS, SCARS, TATTOOS:

LIST ANY OTHER SOCIAL SECURITY NUMBERS YOU HAVE USED:

LIST ANY OTHER NAMES YOU HAVE USED, INCLUDING ALIASES:			
LAST:	FIRST:	MIDDLE:	MAIDEN/OTHER:

LIST ALL RESIDENCES FOR THE PAST TEN YEARS BEGINNING WITH YOUR PRESENT ADDRESS. INCLUDE OFF-BASE RESIDENCES WHEN IN SERVICE AND/OR DORMITORIES WHEN IN COLLEGE:

MONTH / YEAR FROM	/TO	ADDRESS CITY STATE

MARITAL STATUS:	MARRIED:		DIVORCED:		WIDOWED:	
	SINGLE:		SEPARATED:		ENGAGED:	

NAME OF SPOUSE:	LAST:	FIRST:	MIDDLE:	MAIDEN/OTHER:

DATE OF BIRTH:	AGE:	PLACE OF BIRTH:	SOCIAL SECURITY:

SPOUSE'S PRESENT STREET ADDRESS:	APT. #:	CITY:	STATE:	ZIP:

LIST ALL OF YOUR CHILDREN, INCLUDING STEPCHILDREN AND ADOPTED CHILDREN:

NAME:	DATE OF BIRTH:	RESIDENCE ADDRESS:

II. EMPLOYMENT HISTORY

LIST ALL POSITIONS HELD DURING THE PAST FIFTEEN YEARS, REGARDLESS OF LENGTH OF TIME EMPLOYED, BEGINNING WITH YOUR PRESENT PLACE OF EMPLOYMENT AND GOING BACK. USING A SEPARATE SHEET OF PAPER YOU MUST EXPLAIN ANY PERIOD OF UNEMPLOYMENT, INCLUDING DATES. ADDRESSES MUST INCLUDE CITY, STATE, AND ZIP CODE.

WHEN CAN WE CONTACT YOUR CURRENT EMPLOYER?

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:

ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

HAVE YOU EVER BEEN TERMINATED FROM ANOTHER LAW ENFORCEMENT AGENCY? IF YES, EXPLAIN BELOW. CIRCLE ONE: YES NO

HAVE YOU EVER BEEN ASKED TO RESIGN OR RESIGNED IN LIEU OF BEING TERMINATED FROM

ANOTHER LAW ENFORCEMENT AGENCY? IF YES, EXPLAIN BELOW. CIRCLE ONE: YES NO

HAVE YOU EVER BEEN TERMINATED, ASKED TO RESIGN, OR RESIGNED IN LIEU OF BEING TERMINATED FROM ANY EMPLOYER? IF YES, EXPLAIN BELOW. CIRCLE ONE: YES NO

HAVE YOU EVER APPLIED FOR A POSITION WITH THE CAUSEWAY POLICE OR G.N.O.E.C. BEFORE? IF YES, EXPLAIN BELOW. CIRCLE ONE: YES NO

HAVE YOU EVER APPLIED FOR A POSITION WITH ANOTHER LAW ENFORCEMENT OR GOVERNMENT AGENCY? CIRCLE ONE: YES NO IF YES, LIST BELOW.			
NAME OF AGENCY:	DATE APPLIED:	ACCEPTED? YES / NO	STATUS OR REASON FOR REJECTION:

EDUCATION: LIST ALL HIGH SCHOOLS, COLLEGES, BUSINESS AND TECHNICAL COLLEGES:			
SCHOOL NAME	ADDRESS	FROM/TO:	GRADUATE? YES / NO

III. CRIMINAL & DRIVING HISTORY

✓ PLACE A CHECKMARK NEXT TO THE STATEMENTS IN BOLD LETTERING IF THEY APPLY TO YOUR CRIMINAL AND DRIVING HISTORY.

	I HAVE NEVER BEEN ARRESTED OR ISSUED A SUMMONS FOR A CRIMINAL OFFENSE.

LIST ALL MISDEMEANOR ARRESTS AND/OR CONVICTIONS BELOW OR ON ANOTHER SHEET OF PAPER.			
DATE:	INVESTIGATING AGENCY:	CHARGE OR INCIDENT	PENALTY TO YOU:

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY? IF YES, EXPLAIN BELOW. CIRCLE ONE: YES NO

	I HAVE NEVER BEEN LISTED AS A SUSPECT IN A CRIMINAL OFFENSE.

LIST ANY NON-TRAFFIC INCIDENTS IN WHICH YOU MAY HAVE BEEN LISTED AS A SUSPECT:			
DATE:	INVESTIGATING AGENCY:	VIOLATION LOCATION:	PENALTY TO YOU:

	I HAVE NEVER BEEN INVOLVED IN A TRAFFIC ACCIDENT AS A DRIVER.

LIST ANY TRAFFIC ACCIDENTS IN WHICH YOU WERE AN INVOLVED DRIVER:			
DATE:	INVESTIGATING AGENCY:	ACCIDENT LOCATION:	PENALTY TO YOU:

	I HAVE NEVER BEEN ISSUED A TRAFFIC CITATION AS A DRIVER.

LIST ALL TRAFFIC CITATIONS ISSUED TO YOU AS A DRIVER:			
DATE:	INVESTIGATING AGENCY:	VIOLATION LOCATION:	PENALTY TO YOU:

LIST ALL PERSONAL VEHICLES THAT YOU OPERATE:						
YEAR	MAKE	MODEL	LICENSE#	STATE	OWN (YES/NO)	INSURED (YES/NO)

DESCRIBE ANY UNDETECTED CRIMES IN WHICH YOU PARTICIPATED:

DO YOU OR YOUR SPOUSE HAVE ANY IMMEDIATE CIVIL OR CRIMINAL ACTION PENDING AGAINST YOU? IF YES, EXPLAIN BELOW. CIRCLE ONE: YES NO

HAVE YOU OR YOUR SPOUSE EVER BEEN A PARTY TO A SMALL CLAIMS, OR OTHER COURT ACTION? EXPLAIN BELOW;	YES		NO	

IV. RELATIVES

THE SECTION BELOW IS FOR INFORMATION ABOUT RELATIVES. EVEN IF DECEASED, GIVE ALL INFORMATION REQUESTED AND INDICATE LAST RESIDENCE. LEAVE UNNEEDED SPACES BLANK.

	NAME		DATE OF BIRTH
FATHER:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

	NAME		DATE OF BIRTH
MOTHER:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

	NAME		DATE OF BIRTH
STEPFATHER:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

	NAME		DATE OF BIRTH
STEPMOTHER:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

	NAME		DATE OF BIRTH
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
FATHER-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

	NAME		DATE OF BIRTH
MOTHER-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

	NAME		DATE OF BIRTH
SIBLING-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
SIBLING-IN-LAW:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

	NAME		DATE OF BIRTH
EX-SPOUSE:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

	NAME		DATE OF BIRTH
EX-SPOUSE:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

V. PERSONAL REFERENCES

THE SECTION BELOW IS FOR INFORMATION ABOUT PERSONAL REFERENCES.

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

VI. MILITARY SERVICE

HAVE YOU EVER SERVED OR DO YOU NOW SERVE IN THE U.S. MILITARY?			YES:	NO:
BRANCH	ENLISTMENT DATE	DISCHARGE DATE	DISCHARGE TYPE	RANK

EXPLAIN ANY DISCIPLINARY ACTIONS AGAINST YOU (ARTICLE 15/CAPTAIN'S MAST, ETC.):

WHAT IS YOUR CURRENT MILITARY OBLIGATION? NONE

VII. GENERAL INFORMATION

LIST ALL RELATIVES EMPLOYED BY THE G.N.O.E.C. OR CAUSEWAY POLICE DEPARTMENT:		
FULL NAME	RELATIONSHIP	DEPARTMENT

IF EMPLOYED BY THE POLICE DEPARTMENT, DO YOU ANTICIPATE BEING EMPLOYED ELSEWHERE AT THE SAME TIME? IF YES, WHERE?	YES:		NO:	

IF IT BECOMES NECESSARY IN THE COURSE OF YOUR POLICE DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO SO BECAUSE OF YOUR BELIEFS?	YES:		NO:	

THIS POSITION REQUIRES SHIFT WORK, APPEARANCES IN COURT, PUNCTUALITY AND GOOD ATTENDANCE. IS THERE ANY REASON WHY YOU COULD NOT MEET THIS STANDARD?	YES:		NO:	

HIRING, OUTFITTING AND TRAINING A POLICE OFFICER REQUIRES A SUBSTANTIAL INVESTMENT. IS THERE ANY REASON WHY YOU WOULD NOT STAY WITH THE DEPARTMENT?	YES:		NO:	

LIST ANY SPECIAL SKILLS YOU POSSESS, INCLUDING OFFICE & ELECTRONIC EQUIPMENT.

WHY SHOULD THE CAUSEWAY POLICE DEPARTMENT HIRE YOU AS A POLICE OFFICER?

I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATIONS MADE IN CONNECTION WITH MY GAINING EMPLOYMENT WITH THE CAUSEWAY POLICE DEPARTMENT WILL BE GROUNDS FOR REJECTION OR DISMISSAL. THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND CORRECT. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON MY APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL AND FINANCIAL RECORDS THROUGH ANY INVESTIGATIVE AGENCY OR BUREAU OF YOUR CHOICE. IN MAKING THIS APPLICATION FOR EMPLOYMENT, I ALSO UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE FROM INFORMATION OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS OR OTHERS WITH WHOM I AM ACQUAINTED. I UNDERSTAND THAT IF I AM A SUCCESSFUL CANDIDATE FOR EMPLOYMENT, I WILL BE REQUIRED TO UNDERGO A PHYSICAL EXAMINATION AND POSSIBLY A POLYGRAPH EXAMINATION.

INTERVIEWER

APPLICANT SIGNATURE